

Kansas Department of Labor Division of Workers Compensation

- ▶ **COVERAGE** – Most employments are covered that have an estimated total gross annual payroll of more than \$20,000 in the current calendar year. Agricultural pursuits are exempt.
- ▶ **NOTICE** – Workers must give notice of accidental injury to their employers within 10 days after date of accident. (75 days with just cause.) Written notice of an occupational disease shall be given within 90 days after disablement.
- ▶ **CLAIM** – Workers must serve written claim on the employer in person or by registered or certified mail within 200 days of the accident or last paid compensation. Workers with an occupational disease must serve claim within one year from date of disablement. Right to compensation may be forfeited if claim is not served within these time frames.
- ▶ **TREATMENT** – The employer must furnish medical treatment to cure and relieve the effects of the injury. The employee has the right to \$500 of unauthorized medical expense.
- ▶ **FOR INFORMATION – write:**

DIVISION OF WORKERS COMPENSATION
KS DEPT OF LABOR
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227

or call:	** General Information	785-296-2996
	** Coverage & Compliance	785-296-6767
	Director's Office	785-296-4000
	** Fraud & Abuse Investigation	785-296-6392
	** Mediation	785-296-0848
	Medical Services	785-296-0846
	** Ombudsman/Claims Advisory	785-296-2996
	Rehabilitation	785-296-2996
	Technology & Statistics	785-296-4120
	Workers Compensation Board	785-296-8484
	Web site	www.dol.ks.gov

NOTE: Sections with () available nationwide 800-332-0353**

TABLE OF MAXIMUM BENEFITS - Effective July 1, 2004
Kansas Workers Compensation Law

Medical and hospital allowances	no limit
Death: spouse & wholly dependent children	\$250,000
Death: heirs (no dependents)	\$25,000
Burial allowance	\$5,000
Permanent total disability	\$125,000
Temporary total disability	\$100,000
Partial disability	\$100,000
Partial disability limited to functional impairment	\$50,000
Maximum weekly benefits: (7-1-00 to 6-30-01)	\$401
(7-1-01 to 6-30-02)	\$417
(7-1-02 to 6-30-03)	\$432
(7-1-03 to 6-30-04)	\$440
(7-1-04 to 6-30-05)	\$449

Medical mileage for more than 5 miles – Call 1-800-332-0353

Maximum benefits where functional impairment only is awarded is restricted to \$50,000.

	Maximum weeks that may be paid	Compensation at \$449 per week
Shoulder	225	\$100,000
Arm	210	\$94,290
Forearm	200	\$89,800
Hand	150	\$67,350
Leg	200	\$89,800
Lower leg	190	\$85,310
Foot	125	\$56,125
Eye	120	\$53,880
Hearing, both ears	110	\$49,390
Hearing, one ear	30	\$13,470
Thumb	60	\$26,940
Finger 1st (index)	37	\$16,613
Finger 2nd (middle)	30	\$13,470
Finger 3rd (ring)	20	\$8,980
Finger 4th (little)	15	\$6,735
Great toe	30	\$13,470
Great toe, end joint	15	\$6,735
Each other toe	10	\$4,490
Each other toe, end joint only	5	\$2,245

Allowance of 10% and not over 15 weeks for healing period following an amputation.